

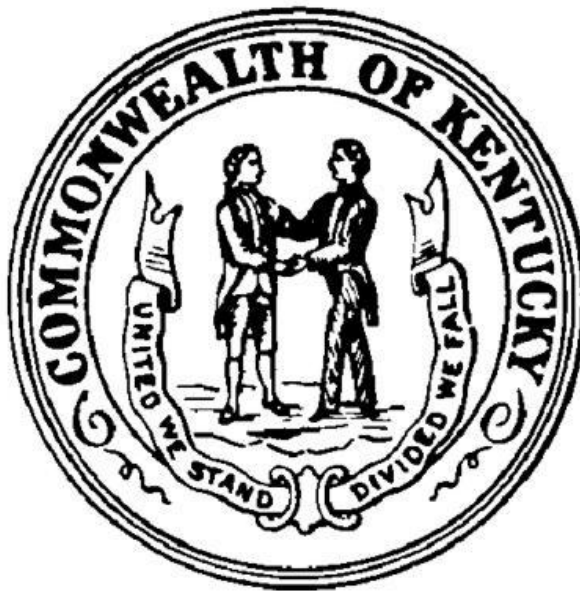
Biennial Report

2011

Deaf and Hard of Hearing Services

Kentucky Division of Behavioral Health

**Department for Behavioral Health, Developmental, and
Intellectual Disabilities**



Endorsed by the

**Advisory Committee on the Need for
Services for Deaf or Hard of Hearing Persons**

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Introduction

Greetings! We appreciate your commitment to reading this Biennial Report. We also applaud you all for the efforts you have made on behalf of our Deaf and Hard of Hearing Services Advisory Committee. Your commitment in pursuing our goals ensures that Deaf or Hard of Hearing individuals with mental health needs receive equal access to services in our Commonwealth.

In this report, we have the opportunity to share the outcomes of the Division of Behavioral Health's efforts that have impacted the lives of people in your own community. Please familiarize yourself with three important aspects of this report, which are:

The Summary of Progress on the 2009 Priority Areas
Data and Information Regarding FY2009 and FY2010
Recommendations for Moving Forward in the next Biennium

It is our hope that the insight you gain from this report will enable you to know that Deaf and Hard of Hearing individuals still face barriers to accessing services despite progress made in the past two years.

We look forward to your continued commitment in ensuring that Deaf and Hard of Hearing constituents with behavioral health, substance abuse, developmental or intellectual disabilities in Kentucky are adequately served.

-Craig Lemak, Advisory Committee Chair
-Michelle Niehaus, Program Administrator

Purpose of the Biennial Report

Since the 1992 creation of the "Advisory committee on need for services for deaf or hard of hearing persons" under KRS 210.031, the biennial report has been the primary means of communicating progress and needs to the legislature. KRS 210.031 mandates that a biennial report:

1. Describes the accommodations and the mental health, mental retardation, developmental disability, and substance abuse services made accessible to deaf and hard of hearing persons.
2. Reports the number of deaf or hard of hearing persons served.
3. Identifies additional service needs for the deaf and hard of hearing; and
4. Identifies a plan to address unmet service needs.

The Advisory Committee meets quarterly and refers to the above four points as "the mandates." This report reflects that terminology helps to provide a focus not only for the committee but also the legislature on addressing the needs of Kentuckians with hearing loss who enter the behavioral health, developmental or intellectual disability, or substance abuse service system.

2011 Advisory Board Members



Craig Lemak

Chairperson
Represents the KY
Commission on the
Deaf and Hard of
Hearing



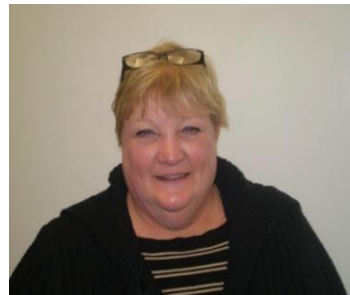
Elizabeth Landers

Vice Chairperson
Represents Hearing Loss
Association of America
(formerly SHHH)



Gerry Gordon-Brown

Deaf or Hard of
Hearing Member-at-
Large



Carol Hall

Represents Cabinet for
Health and Family
Services-Department of
Aging and Independent
Living



Rhonda Bodner

Represents Kentucky
School for the Deaf
Alumni Association



Julie Dalbom

Represents Community
Mental Health Centers



Mark Poston

Represents Cabinet
for Workforce
Development- Office
of Vocational
Rehabilitation
Services



Ina Faye Price

Represents Family
Members of Consumers
of Mental Health
Services



Nancy Perry

Deaf or Hard of
Hearing Member-at-
Large



Janet Scheeline

Represents A.G. Bell
Association



Eddie Runyon

Deaf or Hard of
Hearing Member-at-
Large



Bonnie Bowers

Represents Kentucky
School for the Deaf
(KSD)



Bob Stuckey

Represents KY
Association for the
Deaf

VACANT

Represents Kentucky
Registry of Interpreters



**Kelli Robinson,
LMFT**

Represents Cabinet
for Health and
Family Services
(CHFS) Department
for Behavioral
Health,
Developmental, and
Intellectual
Disabilities



Jill Halevan

Deaf or Hard of Hearing
Member-at-Large

Definitions of Terminology Used in the Report

American Sign Language (ASL): ASL is the natural language of people born without hearing. It has its own syntax and grammar and is considered as difficult to learn fluently as Arabic.

Deaf – In its capitalized form, Deaf refers to those who identify as culturally deaf using ASL. An individual is Deaf based on language use, cultural affiliation, social preference, and self-determination. A person who lost hearing prior to the acquisition of spoken language typically does not rely on speech, even with the use of a hearing aid.

Deaf at Risk – A term used by the Office of Vocational Rehabilitation to capture the specialized needs of individuals who are deaf with additional disabilities and needs. These may include a physical disability, mental health issue, intellectual disability, economic disadvantage or other factors.

Dysfluent – Due to educational deprivation, developmental disabilities, and/or psychoses, a subpopulation of the Deaf community experiences language dysfluency or is language and learning challenged. These terms are used sporadically throughout the report (Glickman, 2009).

Hard of Hearing – A loss of hearing that generally allows the successful understanding of speech through auditory means with or without the use of hearing aids or other adaptive equipment.

Hearing Impaired – A term generally used with individuals who have hearing loss in one or both ears. The use of this term is generally discouraged (as are the terms “deaf and dumb” and “deaf mute”) but remains the term used in educational settings.

Interpreter – A qualified professional who provides communication facilitation and cultural mediation between people using different languages (ASL / English) or modes of communication (spoken vs. manual). In Kentucky, interpreters should be fully licensed to work in mental health settings.

Late Deafened – Individuals who lose their hearing later in life, generally after the age of eighteen, and use English as their primary means of communicating.

TTY – Teletype Machine or Telecommunications Device for the Deaf (TDD) is equipment that allows an individual to type and read rather than relying on hearing to communicate by phone. With new technology, the TTY is becoming obsolete.

VP – Videophone – Equipment that allows a person to connect via high speed Internet to another person and communicate in sign language; this is the more common technology used in the Deaf community today

Summary of Progress on 2009 Priority Areas

Priority Area	Highlights FY2009 & FY2010
<p>Direct Service Providers fluent in American Sign Language (ASL) and knowledgeable about Deaf culture as well as the biopsychosocial needs of Hard of Hearing consumers</p>	<ul style="list-style-type: none"> • Funded a therapist at Four Rivers Behavioral Health at .2FTE to provide direct services in Western KY • Facilitated on campus services for Kentucky School for the Deaf (KSD) by Bluegrass Mental Health / Mental Retardation Board • Retained a Gallaudet University intern from Seven Counties Services to serve the Louisville area as a second full-time therapist • Facilitated a contract between Lifeskills and a PRN therapist fluent in ASL to serve the Bowling Green area • Provided a limited contract to Pathways for their liaison to obtain professional development and work to convene a community of providers in Eastern KY • Program Administrator co-facilitating a study group on case management needs as a Commissioner with the KY Commission on the Deaf and Hard of Hearing (KCDHH) • Offered Pre-Service Training for nursing, Interpreter Training Program (ITP), social work, audiology, and speech language pathology students reaching 41 students through guest lectures at University of Louisville and Jefferson County Technical College.
<p>Cost-effective, qualified interpreters available in a timely manner and knowledgeable about the unique demands of mental health situations</p>	<ul style="list-style-type: none"> • Initiated the payment of interpreting services for AA meetings in FY2009. • Developed and disseminated a “Mental Health Interpreting Toolkit” in collaboration with freelance interpreters as well as Office for Vocational Rehabilitation (OVR), KCDHH, and interpreters. • Partnered with the KY Registry of Interpreters for the Deaf (KY RID) to include a mental health-related workshop at each Fall and Spring conference • In FY2009, provided 19 training events for interpreters establishing Mental Health Interpreting Peer Supervision groups and identifying pockets of learners statewide. A total of 136 people attended trainings. • In FY2010, provided 16 training events for interpreters for 35 free Continuing Education (CE) hours. A total of 222 people participated. Emphasis was on a three-part series on working in substance abuse settings during the Peer Supervision groups.

<p>Education, training, and support for providers serving the Deaf or Hard of Hearing populations</p>	<ul style="list-style-type: none"> • Featured national expert Neil Glickman in free training for 39 providers on Culturally and Linguistically Affirmative Mental Health Services and Adapting Cognitive Behavior Therapy for Individuals with Language and Learning Challenges • In FY2009, offered a six week “Survival Signs” class to Supports for Community Living (SCL) providers in Louisville; offered “Signs of Survival” teaching culture and visual strategies to frontline staff; presented at the SCL Core Training; and held a statewide webinar reaching over 230 providers. • Hosted seven DHHS Providers’ Symposia fostering collaboration and professional development. Participants have attended from Indiana and Ohio since no such group exists in their state • Offered free training with CEUs to all CMHC regions. Provided training for Pathways and Communicare. • Offered 3 to 6 hour trainings at Western State Hospital (WSH) and Central State Hospital (CSH) • Provided overview training (1- 1.5 hours) to Oakwood staff
<p>Education and outreach to the Deaf community to de-stigmatize mental health issues and provide resources on recovery</p>	<ul style="list-style-type: none"> • Increased reach from approximately 125 to 200 Deaf or Hard of Hearing individuals between FY2009 and FY2010 • Initiated collaboration with KSD Outreach Specialists to begin reaching mainstreamed students and their families • Funded a Mini Grant that resulted in the production of DVD’s in ASL with Open Captions to address stress, anxiety, depression, and PTSD. They are available on www.mhanky.org • Wrote several articles for the KCDHH and KSD Family Resource Center newsletters on mental health and social and emotional well-being.
<p>Integration of culturally and linguistically affirmative policies, procedures, and programs into the existing System of Care</p>	<ul style="list-style-type: none"> • Expanded the required information each Community Mental Health Center reports in its Adult System of Care application to determine how they are meeting the needs of individuals who are Deaf or Hard of Hearing • Modified the Client Data Set to breakdown Deaf, Hard of Hearing, and Deaf Blind categories so that

	<p>information on accommodation needs is easier to extrapolate</p> <ul style="list-style-type: none"> • Developed and disseminated a PowerPoint on how to collect information for the new categories in the Client Data Set • Consulted with multiple centers and programs regarding language access needs and meeting ADA requirements • Collaborated with KY SEED so that the needs of Deaf or Hard of Hearing children were considered in the improvement of Early Childhood Mental Health Services • Tried to engage programs in understanding the need for culturally and linguistically affirmative practices. Met with Therapeutic Foster Care providers, Early Childhood Mental Health Specialists, the State Interagency Council (SIAC), and the Consumer Advocacy Committee (CAC)
<p>Collaboration between public and private agencies to develop specialized services for Deaf or Hard of Hearing consumers not effectively treated in the existing system</p>	<ul style="list-style-type: none"> • Continued facilitating KY CARE meetings across the state. Focused on “Connecting Advocates for the Recovery and Empowerment of Deaf and Hard of Hearing Kentuckians,” bringing together stakeholders to state unmet needs and work to address them on a local level. • Assisted with direct funding, collaboration in grant writing and connecting stakeholders to assist Hands & Voices with recruiting, training, and paying the first class of Parent Guides to provide early intervention services • Joined Project SAFE – Safety and Accessibility for Everyone – a collaborative network addressing abuse of individuals with disabilities. This resulted in further partnerships with the KY Association of Sexual Assault Programs (KASAP) and Kentucky Domestic Violence Association (KDVA) as well as the Mary Byron Project to systematically address the needs of Deaf victims of Domestic Violence and Sexual Assault. • Provided Technical Assistance and two Mini Grant awards to KY ADAPT to develop specialized housing for adults who are Deaf with additional Disabilities, including mental health diagnoses

Utilization of technology to fill service gaps, provide education and outreach, and connect both providers and consumers in a statewide network

- Fostered partnership with Bluegrass Mental Health / Mental Retardation Board for a Telehealth Pilot Project. Awaiting Medicaid or other funding.
- Collaborated with Deaf Off Drugs and Alcohol (DODA) on making web-based, Deaf-run AA meetings accessible in Kentucky
- Worked with KCDHH to produce v-logs in ASL with Open Captions to increase awareness of services available
- Obtained IT permission to use captioning software to make DVDs made by the Division more accessible



Former Advisory Committee member Buddy Miller, KCDHH Commissioner Nina Coyer, and Therapist / AC Member Julie Dalbom reaching out at the 2010 DeaFestival. Reducing stigma and reaching out to the Deaf community has been a major focus of this biennium.

Mandate One:

Describe the Accommodations and the Mental Health, Developmental or Intellectual Disability, and Substance Abuse Services Made Accessible to Deaf or Hard of Hearing Persons

Specialized Services

The Division of Behavioral Health funds two full-time therapists at Seven Counties Services (SCS) and two full-time therapists at Bluegrass Mental Health / Mental Retardation Board. One part-time case manager is also subsidized at Bluegrass Mental Health / Mental Retardation Board to serve the Danville area. All of these providers are proficient in American Sign Language and knowledgeable about Deaf culture and the biopsychosocial effects of hearing loss.

Seven Counties Services staff offer outpatient therapy services at several SCS offices, consumers' homes, schools, and Adult Day programs. Their consumers receive adjunctive services including case management, in home, Developmental Services Division interventions, psychiatric services, group, day programs, and IMPACT.

In addition to direct services, these providers also serve as advocates, de facto service coordinators, and educators both within their own agencies and throughout the community. Seven Counties Services' staff routinely collaborates with the Office for Vocational Rehabilitation, Supported Employment providers, the Center for Women and Families, Community Living Services, Options for Individuals, Kaleidoscope, Active Day, and Blessed Assurance. Internally, they have worked adjunctively with children's acute services, Transitions, School-Based, IMPACT, Adult Case Management, and In-Home Services. Themes of consultations include education on the appropriate use of qualified interpreters and adapting services to be more visual to meet the needs of consumers.

The Seven Counties Services clinicians also offered several trainings:

- "Grief" at the Deaf / Hard of Hearing Health Fair at the Center for Accessible Living
- "Coping with Hearing Loss" to the Hearing Loss Association of Kentuckiana
- "Providing and Developing Culturally Competent Services for Victims who are Deaf or Hard of Hearing" at the KDVA/KASAP conference in 2009
- "Cultural Implication of Therapy: A Deaf Clinician's Perspective" at a DHHS Providers' Symposium
- "Key Issues to Look for with DHH Students" for Jefferson County Public Schools itinerant teachers
- Sign Language classes to service providers in the community

- Presentation by the DHHS Staff Psychiatrist, Dr. Scott Hedges, to the University of Louisville Interpreter Training class
- “Utilizing a Labyrinth for Personal or Professional Growth” training for DHHS providers, Seven Counties Services West office staff, and Gallaudet University Graduate School

Through their direct services, the staff of Seven Counties Services identified a need for domestic violence – related services. They responded by creating a survivors group and collaborating on the local, state, and national levels to address the needs of victims who are Deaf or Hard of Hearing.

Bluegrass Mental Health / Mental Retardation Board staff also report extensive outreach and collaborative efforts. Since their geographic region is larger, they also travel an average of 1500 miles per month to provide direct services. They offer services in 10 Bluegrass Mental Health / Mental Retardation Board offices, Therapeutic Rehabilitation programs, Vocational Rehabilitation offices, a nursing home, and Supports for Community Living programs. In-Home services are offered in Jessamine, Garrard and Boyle counties. School-based services have been provided in five counties and on campus at Kentucky School for the Deaf.

In addition to outpatient therapy, some Bluegrass Mental Health / Mental Retardation Board consumers receive First Steps, IMPACT, Vocational Rehabilitation, Deaf-Blind Project services, Occupational Therapy, School-based group therapy, In-Home services, case management, developmental / intellectual disability services (ACCESS), CASA, DCBS, DJJ, residential, supported employment, and sheltered workshop services. Just as Seven Counties Services has identified abuse as a primary concern in the Louisville area, Bluegrass Mental Health / Mental Retardation Board staff identified childhood trauma and abuse as a significant issue in their region.

Bluegrass Mental Health / Mental Retardation Board staff work at the systems level through consultations. Frequent contacts are made with schools and school districts, hospitals, and as members of the KY ADAPT board working with an independent living program for adults who are deaf with additional disabilities.

Contracted Services

Pathways appointed a staff person to act as liaison for Deaf and Hard of Hearing Services. In addition to attending quarterly advisory board meetings, she has provided direct services to three Deaf and nine Hard of Hearing consumers. In a consultation and supervision role, she worked with the staff and consumers at Therapeutic Rehabilitation programs in Morehead and Greenup. The liaison utilized best practice training from the Glickman event for both Deaf and hearing consumers to improve communication and program inclusion. The liaison has also consulted on the behavior plan for a child with a Cochlear Implant and assisted in the development of

interventions for a Hard of Hearing student identified with Asperger's Syndrome and an Intellectual Disability. Her work has also reached three other counties through consultation.

Lifeskills worked with the KY CARE group in Bowling Green to identify a PRN Service Provider. While no direct services were offered in FY2009 or FY2010, she was able to begin providing direct services in FY2011.

Psychiatric Services

Individuals who are Deaf or Hard of Hearing often struggle to locate accessible psychiatric services. Seven Counties Services uses the same interpreter and psychiatrist team to provide services for most of their consumers. This model has proven effective for over five years. Bluegrass Mental Health / Mental Retardation Board uses a variety of interpreters at different rates and in different locations with a variety of medical personnel.

Evidence-Based Practices

All Deaf or Hard of Hearing Specialists strive to identify, utilize, and promote best practices in service delivery. This includes:

- Advocacy for effective communication directly with a proficient clinician OR with a qualified American Sign Language interpreter.
- Use of visuals and adapted treatment strategies as taught in the September 2009 training by Neil Glickman on Effective Treatment for Individuals with Language and Learning Challenges.
- Trauma-Focused Cognitive Behavioral Therapy
- Discrete Trial Instruction
- Behavior Modification Techniques
- Parent Child Interactive Therapy (PCIT)
- Dialectical Behavior Therapy



Sample Visual Used in DHHS Division Brochure

Known Accommodations, Training, and Events Provided in Community Mental Health Center Regions



1 Four Rivers Behavioral Health

- Employed a PRN therapist for part of FY2009 and FY2010. She provided direct services, facilitated the referral of individuals to adjunctive services, advocated for needed accommodations, and consulted with staff in the region regarding Best Practices and adapting treatment
- Submitted invoices for interpreter reimbursement for Substance Abuse Services
- “Deafness 101” and “Deafness 102” provided in FY2009
- Mini Grant awarded to Deafway PAH to offer a Self-Advocacy workshop for consumers in FY2009

2 Pennyroyal Regional MH/MR Board

- Submitted invoices for interpreter reimbursement for mental health services
- Mini Grant awarded to Deafway PAH to offer a Self-Advocacy workshop for consumers in FY2009

3 River Valley Behavioral Health

- Submitted invoices for interpreter reimbursement for mental health services
- Training received at New Horizons and the Rosedale Personal Care Home on making services accessible for Deaf or Hard of Hearing individuals
- Program Administrator provided training to the Directors of Special Education in the region regarding the “Mental Health Needs of Deaf or Hard of Hearing Students”
- KY CARE (Connecting Advocates for the Recovery and Empowerment of Deaf and Hard of Hearing Individuals and Communities) accomplished the following:
 - Hosted “Taking Care of Yourself in Tough Economic Times” featuring staff from River Valley, OVR, and the Division addressing the downturn and how it can affect mental health
 - Provided a “Celebrating Girls” event for adolescent girls and their mothers to explain puberty and provide prevention education in ASL

4 Lifeskills, Inc.

- Identified an LMFT fluent in American Sign Language to provide direct services to consumers in the region through a PRN contract. (Services began FY2011)
- Submitted invoices for interpreter reimbursement for mental health and substance abuse services
- KY CARE (Connecting Advocates for the Recovery and Empowerment of Deaf and Hard of Hearing Individuals and Communities) accomplished the following:
 - Hosted “Taking Care of Yourself in Tough Economic Times” addressing the downturn and how it can affect mental health

5 Communicare, Inc.

- Submitted invoices for interpreter reimbursement for mental health and substance abuse services
- Received a brown bag training on working with interpreters to provide effective services at the Brandenburg office
- Received “Deafness 101” training in FY2009
- “Signs of Support” training by Program Administrator in FY2009 at CAKY – ResCare Elizabethtown
- Received consultation from the Program Administrator and a representative from Hearing Loss Association of America to observe a CAKY-ResCare adult day program and residential services then made recommendations for three consumers

6 Seven Counties Services, Inc.

- See the section on “Specialized Services”
- Submitted invoices for interpreter reimbursement for Developmental and Intellectual Disabilities-related services
- “Survival Signs” class offered in four-part series to individuals offering Supports for Community Living
- Mental Health Interpreting training series offered to interpreters in the region
- The Center for Accessible Living received a FY2009 mini grant related to “Education of Deaf and Hard of Hearing Kentuckians on Chronic Diseases and their Psychological Effects”
- Options Unlimited, a Supported Employment provider, received a FY2009 Mini Grant for “Social Survivor” to provide socialization opportunities to individuals who are Deaf at Risk (have cognitive disabilities or mental health needs)
- Julie Dalbom, a therapist at Seven Counties Services, received a FY2010 Mini Grant to purchase a portable labyrinth and provide workshops to Deaf or Hard of Hearing individuals as well as providers on using the labyrinth for personal or professional use. She is the first certified Deaf labyrinth facilitator in the country!
- Program Administrator provided a workshop on “Education and Mental Health: Working Hand in Hand” to the Ohio Valley DHHS Teachers’ Cadre

7 North Key Community Care

- The clinical director has been open to hiring a PRN clinician for the area; two potential providers were recruited but have not worked out
- Submitted invoices for interpreter reimbursement for mental health, substance abuse, and developmental / intellectual disability services
- Benefitted from the ongoing Mental Health Interpreting Peer Supervision groups offered in collaboration with Northern KY Services for the Deaf
- Redwood School and Rehabilitation Center received a Mini Grant in FY2009 for the purchase of equipment and DVDs for their Assistive Technology Resource Library
- Tri-Generations received a Mini Grant in FY2009 to provide sign language classes to staff who work with individuals with developmental or intellectual disabilities at North Key, Aspen, New Perceptions, BAWAC, Redwood, Cardinal Hill, and Volunteers of America
- The Northern KY Cooperative for Special Education Services received a Mini Grant in FY2009 to develop a Lending Library and offer training to school psychologists related to proper diagnosis of Deaf or Hard of Hearing children. A workshop was also provided for family members, educators, and interpreters in the area.

- Northern KY Services for the Deaf received a Mini Grant in FY2010 to establish an Access Center for individuals wishing to use the Internet for Deaf Off Drugs and Alcohol (DODA)'s online Alcoholics Anonymous meetings led by Deaf individuals in recovery in American Sign Language
- KY CARE (Connecting Advocates for the Recovery and Empowerment of Deaf and Hard of Hearing Individuals and Communities) group accomplished the following:
 - Training Series offered for community providers in collaboration with Mental Health America of Northern KY
 - Staffed a booth and conducted two workshops at the Cincinnati Deaf Health Fair at the University of Cincinnati

8 Comprehend Regional MH/MR Board

- Reported in their FY2012 Adult System of Care application that no services were required for the past five years.

9 /10 Pathways, Inc.

- See the section on "Specialized Services"
- Submitted invoices for interpreter reimbursement for mental health and substance abuse services
- Offered "Introduction to Access and Deaf Services" with the Hamilton Relay representative in Ashland and Morehead
- "Deafness 101" and "Deafness 102" were each offered once in FY2009 and once in FY2010 for all staff and other providers in the region

11 Mountain Comprehensive Care Center, Inc.

- Submitted invoices for interpreter reimbursement for mental health and substance abuse services
- Champion Supports and Services received a Mini Grant for "Signs for Survival" to address communication needs of individuals with developmental or intellectual disabilities in the Pikeville area
- Community Connections received a Mini Grant in FY2009 to purchase equipment to make visuals for individuals with Developmental or Intellectual Disabilities and are Highly Visually Oriented

12 Kentucky River Community Care, Inc.

- Submitted invoices for interpreter reimbursement for mental health services

13 Cumberland River Regional MH/MR Board

- Submitted invoices for interpreter reimbursement for mental health and substance abuse services
- Program Administrator provided training for mainstreamed children, their teachers, and some family members on emotional vocabularies and positive parenting during a children's event planned by the DHHS Cadre
- KY CARE (Connecting Advocates for the Recovery and Empowerment of Deaf and Hard of Hearing Individuals and Communities) covering regions 13 and 14 accomplished the following:
 - Co-hosted a "Taking Care of Yourself in Tough Economic Times" event with Kentucky Association for the Deaf
 - Hosted a peer support group for members of the Deaf community in South Central KY

14 Adanta

- Submitted invoices for interpreter reimbursement for mental health and substance abuse services
- Program Administrator presented to the Upper Cumberland DHHS Teachers' Cadre that overlaps regions 13 and 14 on "Working Hand in Hand: Education and Mental Health"

15 Bluegrass Mental Health / Mental Retardation Board Regional MH/MR Board

- See the section on "Specialized Services"
- Submitted invoices for interpreter reimbursement for mental health services
- Limited Mental Health Interpreting Peer Supervision groups offered to interpreters in Central Kentucky
- Professional In-Service days offered to Kentucky School for the Deaf staff by the Program Administrator and Lindsey Williams, the Bluegrass Mental Health / Mental Retardation Board therapist who is on campus 1-2 days/week
- KY ADAPT, an independent living program for individuals who are Deaf or Hard of Hearing with additional disabilities in Danville, received mini grants in FY2009 and FY2010 to promote and develop the program.

Known Accommodations and Training Provided By State Hospitals and Facilities

Western State Hospital

- Hosted “Deafness 101” and “Deafness 102” for their staff in FY2010

Central State Hospital

- Hosted “Deafness 101” and “Deafness 102” for their staff in FY2010
- The interpreting costs listed below reflect services for one individual who was hospitalized long-term.

Eastern State Hospital

- Projected interpreting costs for FY2011 are over \$90,000.

Appalachian Regional Hospital

- Appointed a liaison to attend trainings, DHHS Providers’ Symposia, and assist with meeting the interpreting and other access needs for Deaf consumers

Oakwood

- Staff participated in an overview of “Transitioning Individuals with Hearing Loss” in FY2010

Comparison of Known Inpatient Interpreting Costs

	Central State Hospital	Eastern State Hospital	Western State Hospital	Appalachian Regional Hospital
FY2009	Not Reported	\$688	\$517	Not Reported
FY2010	\$141,100	\$20,207	\$1,810	\$13,281

**Funds Allocated to CMHCs to Cover All Regions for Community-Based Services
(Behavioral Health, Substance Abuse, and Developmental or Intellectual Disabilities)**

\$56,915

Statewide Projects Funded Through Mini Grants

During FY2009 and FY2010, Enhanced Access (American Sign Language Interpreter Reimbursement) funds were depleted for mental health services. Funds were then used from substance abuse or developmental and intellectual disabilities funds. In order to allocate funds to direct services and innovative ideas related to serving individuals who are Deaf or Hard of Hearing, a Mini Grant project was initiated. Projects impacting individual regions are highlighted in the section delineating regional activities. Below are statewide projects:

FY2009 and FY2010:

Customized Professional Development Workshops: Promoting Equitable and Appropriate Access to Mental Health Services for the Deaf and Hard of Hearing – provided funds to an interpreter who is also a psychologist to develop modules for interpreters on mental health work, for providers on working effectively with interpreters, and for all providers on ethical service provision. See <http://ckir-lexington.com/>

Internet Video Mental Health and Substance Abuse Education – A joint project between Northern KY Services for the Deaf and Mental Health America of Northern KY, this grant resulted in the development of DVDs on Depression, Anxiety, PTSD, Stress, and Healthy Relationships in American Sign Language with open captions. The products are available online at <http://www.mhanky.org/mha/asp/HearingImpairedVideos.asp>

Hands & Voices of Kentucky: Guide By Your Side Program – Grants funds were used to hire, train, and pay Parent Guides in Louisville, Lexington, and Bowling Green. Guides engage parents of children newly diagnosed with hearing loss in order to encourage early intervention. Please see <http://kyhandsandvoices.org/wp-content/uploads/GBYSbrochure.pdf> for their current brochure.

FY2010:

Intervention for Soldiers with Hearing Loss – Two members of Hearing Loss Association of Kentuckiana were awarded funds to research the effects of tinnitus on military members returning from war and how it affects treatment-seeking for PTSD and Traumatic Brain Injury. They engaged the Yellow Ribbon Project and others providing outreach to educate military members about hearing loss.

Mental Health Interpreter Training – One interpreter was selected to attend the intensive Mental Health Interpreter Training program in Alabama. (Please see www.mhit.org) She then returned and is helping to formulate more structured training approaches for interpreters working in behavioral health settings in Kentucky.

Data Driven Initiatives This Biennium

Addressing Domestic Violence and Sexual Abuse

In the 2009 Biennial Report, 41% of consumers self-reported being a victim of abuse in their lifetime. The Program Administrator joined Project SAFE (Safety and Accessibility for Everyone) in order to network with other state agencies and take a systematic approach to addressing this issue. Relationships established with the Kentucky Domestic Violence Association, Kentucky Association of Sexual Assault Programs, and the Mary Byron Project resulted in the development of several workshops and collaborative relationships to increase access to existing programs. Although the results of these efforts will be reported in the FY2013 report since they occurred in FY2011, it is important to note that foundations were laid in FY2009 and FY2010.

Addressing Access to Substance Abuse Services

Based on data in the 2009 Biennial Report, the need for accessible substance abuse services was increasing. The two regions with the highest concentration of need, Cumberland River and Communicare, do not have specialists. A partnership was established with Deaf Off Drugs and Alcohol (DODA) in Ohio to make e-therapy services available. While we were unable to establish reciprocity agreements for licensure, Deaf Kentuckians have been able to join AA meetings led by Deaf individuals in recovery using their Nefsis network. Please see www.dodarecovery.org for more information on their model.

The DODA staff has traveled to Kentucky to provide workshops for interpreters, service providers, and the department. They have also provided consulting services under their SAMSHA grant.

For those individuals who want to attend “live” AA meetings in their home communities, the Division of Behavioral Health offers payment for interpreting services. This new initiative was piloted in FY2010 and continues in FY2011.

Addressing Early Intervention and Children’s Services

Since the establishment of a Deaf and Hard of Hearing Services Program Coordinator in 1992, the Department has focused on adult services. As the evidence increases regarding the importance of early intervention in not only addressing hearing loss but also addressing behavioral health, substance abuse, and developmental or intellectual disabilities, it is essential that the Department focus attention and resources on Children’s Services.

During the biennium, the Program Administrator made several attempts to remedy the situation. She is now a member of the KY SEED (System to Enhance Early Development) State Implementation Team looking at mental health services for children birth to five. By offering Mini Grants to Hands & Voices and supporting their Guide By Your Side program, the Department has started to look at Deaf and Hard of Hearing Services from cradle to grave rather than beginning at adulthood.

Mandate Two: Report the Number of Deaf or Hard of Hearing Persons Served

Point in Time Snapshot of Services provided by DHHS Specialists

Age Ranges of Individual Consumers Served	Number of Individual Consumers Served By Bluegrass Mental Health / Mental Retardation Board*	Number Individual Consumers Served By Seven Counties Services**
Age 0-5	1	1
Age 6-12	15	5
Age 13-18	18	3
Age 18-25	22	8
Age 25-60	67	51
Age 60+	1	2
Collateral Services (No Open Case)	74	28
TOTAL Consumers Served with Open Charts	124	70
TOTAL Individuals Served with or without charts	198	98

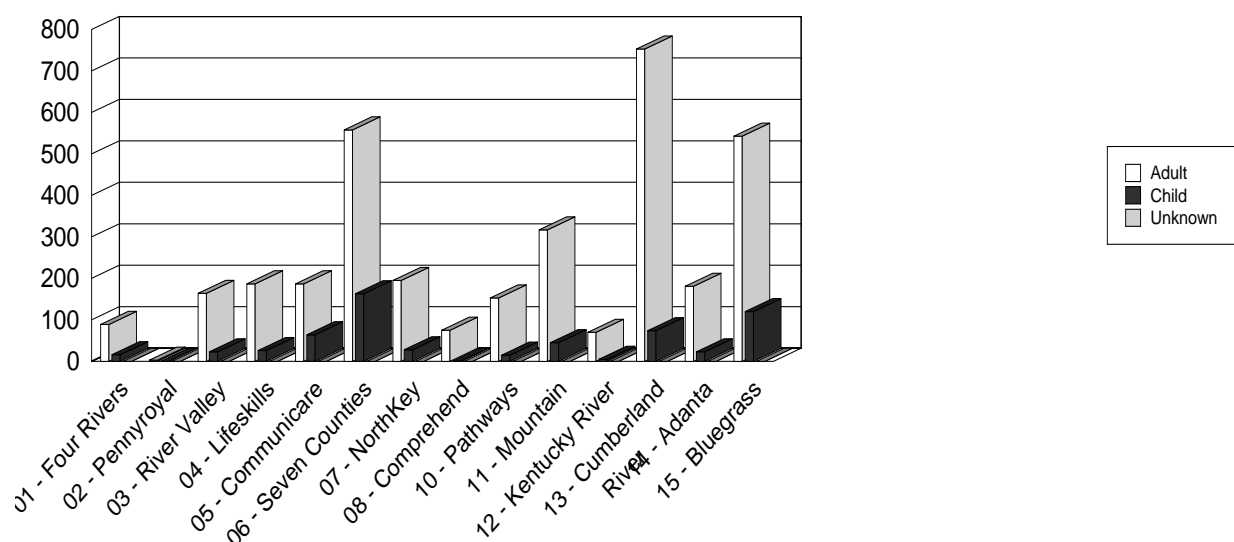
*For Bluegrass Mental Health / Mental Retardation Board, 4 of their 124 individuals were CODAs or Children of Deaf Adults. 19 of 74 of their collateral contacts were Deaf individuals. They included family therapy recipients, VP, phone, and adjunct work under “Collateral Contacts”

** For Seven Counties Services, collateral contacts were counted only if the person was directly served as a family member or significant other.



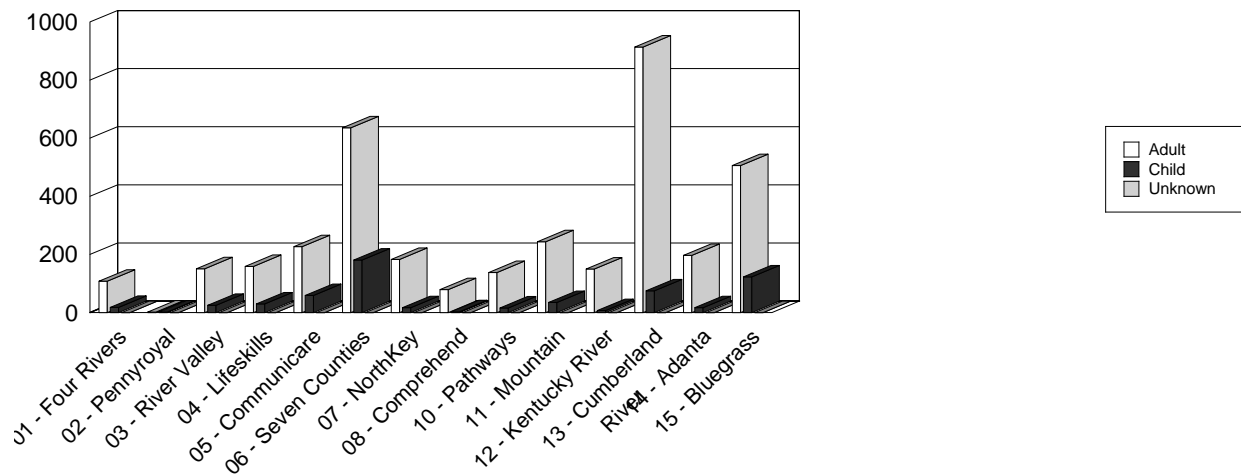
Michelle Niehaus, Program Administrator for Deaf and Hard of Hearing Services, presenting to families and educators at HEAR US – “Health, Education, Advocacy, and Resources” – a children’s event in Ashland, KY

Total Count of Deaf or Hard of Hearing Consumers by Region (FY 2009)



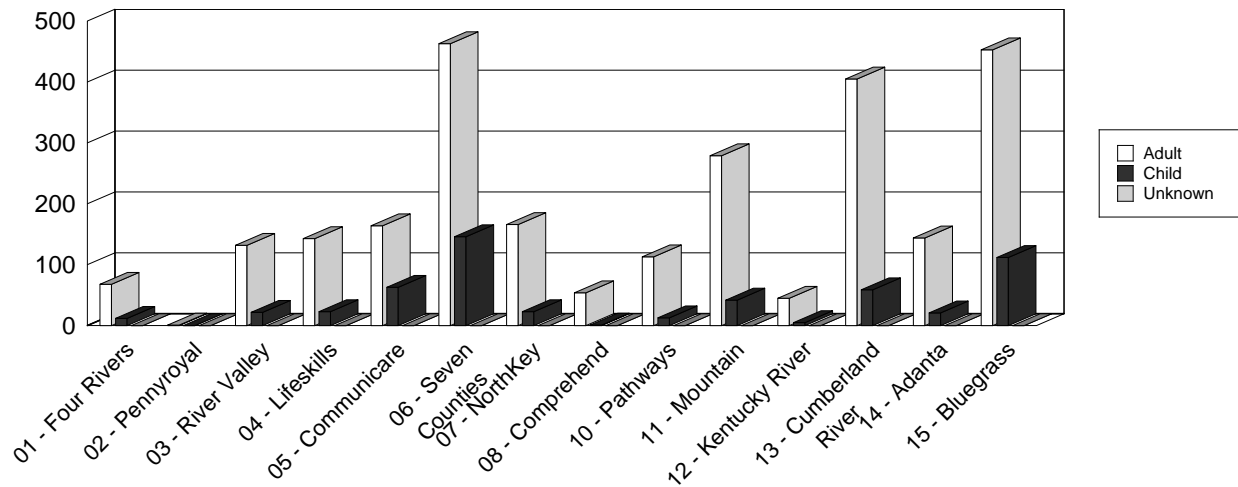
	Adult	Child	Total
01 - Four Rivers	89	16	105
02 - Pennyroyal	3	0	3
03 - River Valley	164	23	187
04 - Lifeskills	187	26	213
05 - Communicare	187	64	251
06 - Seven Counties Services	558	163	721
07 - NorthKey	195	28	223
08 - Comprehend	75	1	76
10 - Pathways	153	15	168
11 - Mountain	317	45	362
12 - Kentucky River	70	5	75
13 - Cumberland River	753	74	827
14 - Adanta	181	23	204
15 - Bluegrass MH/MR Board	543	120	663
Total	3,475	603	4,078

Total Count of Deaf or Hard of Hearing Consumers by Region (FY 2010)



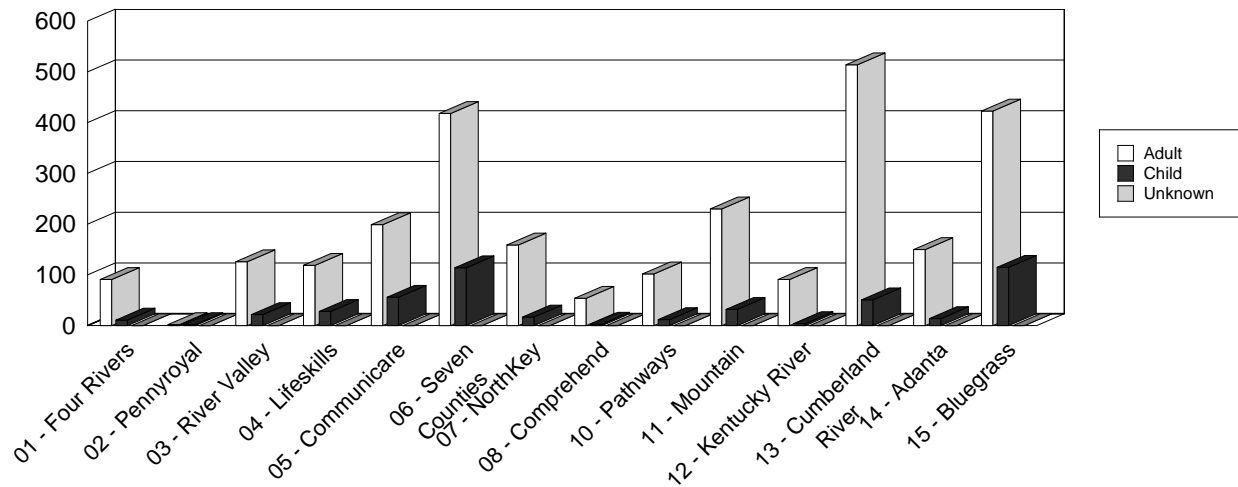
	Adult	Child	Total
01 - Four Rivers	108	18	126
02 - Pennyroyal	2	2	4
03 - River Valley	151	25	176
04 - Lifeskills	159	30	189
05 - Communicare	227	59	286
06 - Seven Counties Services	636	181	817
07 - NorthKey	183	17	200
08 - Comprehend	79	3	82
10 - Pathways	138	16	154
11 - Mountain	244	35	279
12 - Kentucky River	150	7	157
13 - Cumberland River	914	75	989
14 - Adanta	197	17	214
15 - Bluegrass MH/MR Board	506	123	629
Total	3,694	608	4,302

Deaf or Hard of Hearing Consumers Receiving Mental Health Services by Region (FY 2009)



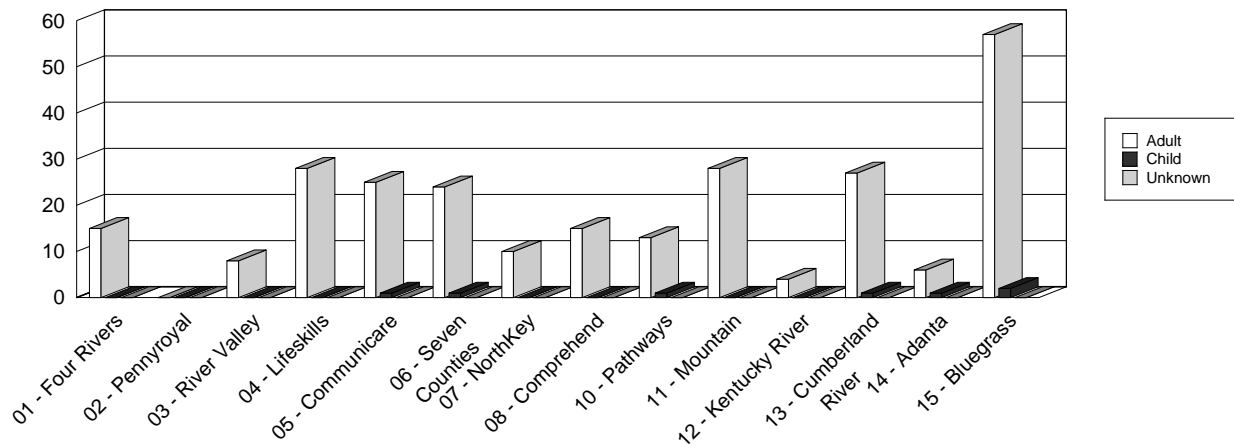
	Adult	Child	Total
01 - Four Rivers	68	12	80
02 - Pennyroyal	1	0	1
03 - River Valley	132	22	154
04 - Lifeskills	143	23	166
05 - Communicare	164	63	227
06 - Seven Counties Services	463	146	609
07 - NorthKey	166	23	189
08 - Comprehend	54	1	55
10 - Pathways	113	13	126
11 - Mountain	279	42	321
12 - Kentucky River	45	5	50
13 - Cumberland River	405	59	464
14 - Adanta	144	21	165
15 - Bluegrass MH/MR Board	453	112	565
Total	2,630	542	3,172

Deaf or Hard of Hearing Consumers Receiving Mental Health Services by Region (FY 2010)



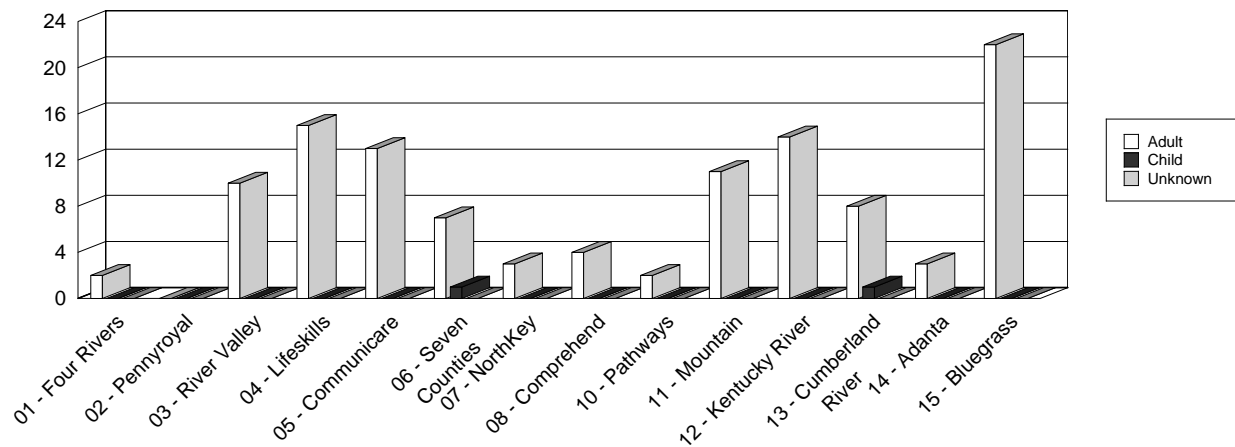
	Adult	Child	Total
01 - Four Rivers	91	11	102
02 - Pennyroyal	2	2	4
03 - River Valley	126	22	148
04 - Lifeskills	119	28	147
05 - Communicare	199	56	255
06 - Seven Counties Services	418	114	532
07 - NorthKey	159	17	176
08 - Comprehend	54	3	57
10 - Pathways	102	12	114
11 - Mountain	230	32	262
12 - Kentucky River	91	4	95
13 - Cumberland River	514	51	565
14 - Adanta	150	14	164
15 - Bluegrass MH/MR Board	423	115	538
Total	2,678	481	3,159

Deaf or Hard of Hearing Consumers Receiving Substance Abuse Services by Region (FY 2009)



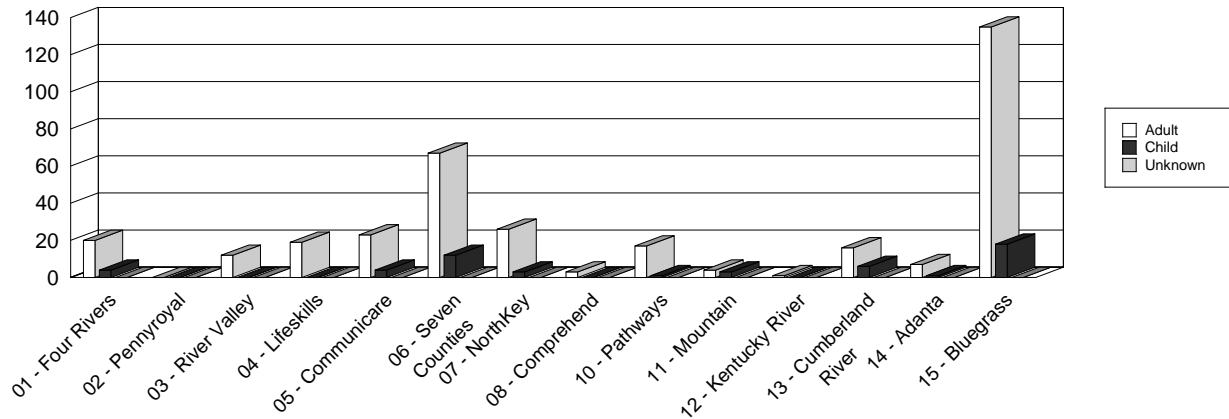
	Adult	Child	Total
01 - Four Rivers	15	0	15
02 - Pennyroyal	0	0	0
03 - River Valley	8	0	8
04 - Lifeskills	28	0	28
05 - Communicare	25	1	26
06 - Seven Counties Services	24	1	25
07 - NorthKey	10	0	10
08 - Comprehend	15	0	15
10 - Pathways	13	1	14
11 - Mountain	28	0	28
12 - Kentucky River	4	0	4
13 - Cumberland River	27	1	28
14 - Adanta	6	1	7
15 - Bluegrass MH/MR Board	57	2	59
Total	260	7	267

Deaf or Hard of Hearing Consumers Receiving Substance Abuse Services by Region (FY 2010)



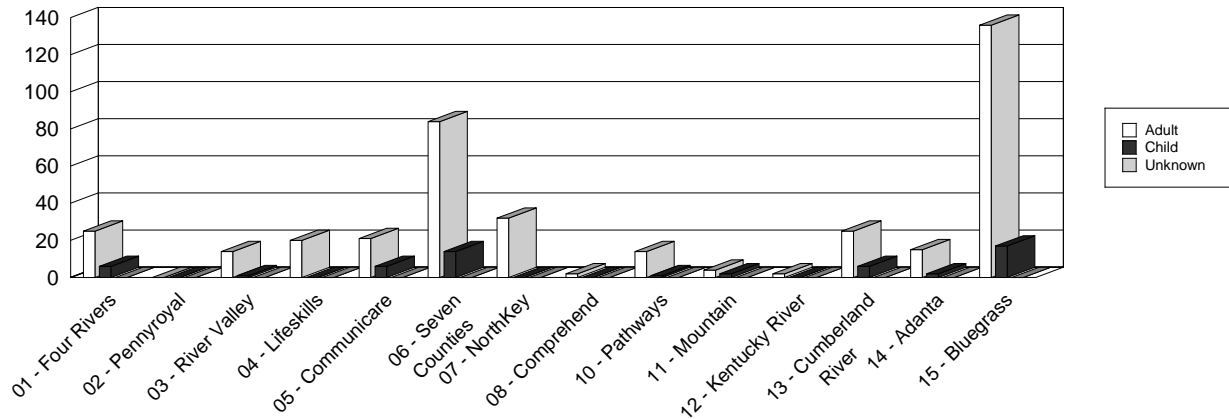
	Adult	Child	Total
01 - Four Rivers	2	0	2
02 - Pennyroyal	0	0	0
03 - River Valley	10	0	10
04 - Lifeskills	15	0	15
05 - Communicare	13	0	13
06 - Seven Counties Services	7	1	8
07 - NorthKey	3	0	3
08 - Comprehend	4	0	4
10 - Pathways	2	0	2
11 - Mountain	11	0	11
12 - Kentucky River	14	0	14
13 - Cumberland River	8	1	9
14 - Adanta	3	0	3
15 - Bluegrass MH/MR Board	22	0	22
Total	114	2	116

Deaf or Hard of Hearing Consumers Receiving Developmental or Intellectual Disability Services by Region (FY 2009)



	Adult	Child	Total
01 - Four Rivers	20	4	24
02 - Pennyroyal	0	0	0
03 - River Valley	12	0	12
04 - Lifeskills	19	0	19
05 - Communicare	23	4	27
06 - Seven Counties Services	67	12	79
07 - NorthKey	26	3	29
08 - Comprehend	3	0	3
10 - Pathways	17	1	18
11 - Mountain	4	3	7
12 - Kentucky River	1	0	1
13 - Cumberland River	16	6	22
14 - Adanta	7	1	8
15 - Bluegrass MH/MR Board	135	18	153
Total	350	52	402

Deaf or Hard of Hearing Consumers Receiving Developmental or Intellectual Disability Services by Region (FY 2010)



	Adult	Child	Total
01 - Four Rivers	25	6	31
02 - Pennyroyal	0	0	0
03 - River Valley	14	1	15
04 - Lifeskills	20	0	20
05 - Communicare	21	6	27
06 - Seven Counties Services	84	14	98
07 - NorthKey	32	0	32
08 - Comprehend	2	0	2
10 - Pathways	14	1	15
11 - Mountain	4	2	6
12 - Kentucky River	2	0	2
13 - Cumberland River	25	6	31
14 - Adanta	15	2	17
15 - Bluegrass MH/MR Board	136	17	153
Total	394	55	449

Summary of Information from the Community Mental Health Center Client Data Set by Areas of Interest

Area of Interest	2007	2008	2009	2010
Number of individuals identified as Deaf or Hard of Hearing (DHH) age 65+ who are served by the Community Mental Health Centers	394	328	358	289
Number of consumers under age 21 who use ASL as a primary language	N/A	N/A	16	10
Number of individuals identified as DHH whose diagnosis meet the state definition for Severe Emotional Disability (SED) and are served by the Community Mental Health Centers	237	297	284	315
Number of consumers with an SED notation who use ASL as a primary language	N/A	N/A	5	2
Number of individuals identified as DHH whose diagnosis meet the state definition for Severe Emotional Disability (SED) and are served by the Community Mental Health Centers through the IMPACT Program	59	68	67	79
Number of Consumers with SED status and IMPACT services who use ASL as a primary language	N/A	N/A	1	1
Number of individual s who meet SMI criteria and indicate American Sign Language as their primary language	N/A	N/A	18	24
Number of consumers identified as DHH who have an intellectual disability diagnosis and have received “Mental Retardation Case Management” services at the Community Mental Health Centers	185	186	201	198
Number of individuals identified as Deaf or Hard of Hearing (DHH) at the Community Mental Health Center (CMHC) who were referred to the CMHC by the Department for Community Based Services (DCBS)	174	185	145	171
Number of individuals identified as Deaf or Hard of Hearing (DHH) at the Community Mental Health Center who were also involved with the Department for Community Based Services (DCBS) during the same fiscal year	583	601	522	576
Number of individuals who are identified as Deaf or Hard of Hearing by the Community Mental Health Centers and have military experience	176	181	171	147

Deaf and Hard of Hearing Consumers Unduplicated Count by Type of Hearing Loss State Psychiatric Facilities

Axis III Diagnoses	SFY 2009					SFY 2010				
	WSH	ESH	CSH	ARH	KCPC	WSH	ESH	CSH	ARH	KCPC
389.06 Conductive Hearing Loss, Bilateral	0	1	0	0	0	0	0	0	0	0
389.10 Sensorineural Hearing Loss, Unspecified	1	0	2	0	2	0	0	0	0	0
389.8 Other Specified Forms of Hearing Loss, NEC	0	0	0	0	0	0	0	0	1	0
389.9 Unspecified Hearing Loss, NOS	33	7	4	24	8	25	18	4	25	8
V41.2 Problems With Hearing	1	0	0	0	8	2	0	0	0	5
	35	8	6	24	16	27	18	4	26	13

Discussion:

Based on the chart, there are a significant number of individuals in state psychiatric facilities whose functional hearing levels are Unknown and could therefore be affecting efficacy of treatment. A system-wide approach to Communication Assessment and the development of Language Access Plans for these individuals could impact the quality of treatment.

Mandate Three:

Identify Additional Service Needs for the Deaf or Hard of Hearing

Throughout this biennium efforts were made to create and sustain culturally affirmative and linguistically accessible services while fostering an environment where consumers were aware of and willing to access the existing System of Care. Significant progress was made in engaging and training direct service providers and interpreters; creating internal and external partnerships to address service gaps, and broadening the focus of the Division from adults to a “cradle to grave” perspective when addressing Deaf and Hard of Hearing Services.

At the same time, significant barriers were faced. The economic crisis stymies opportunities for additional budget requests. Already allocated funds are often restricted with little flexibility to move them where they could best be used. Consumers, agencies serving Deaf or Hard of Hearing individuals, interpreters, and even some service providers continue to struggle to understand the role, function, and limitations of the Division. No one entity can or does take on the vast needs of individuals who are Deaf or Hard of Hearing marginalized by mental illness, substance abuse, developmental or intellectual disabilities, so significant gaps in services and accountability for addressing needs remains. True commitment to systems change in design, implementation, and evaluation of Deaf and Hard of Hearing Services is necessary if we are to do more than band aid existing problems.

Since the first biennial report seventeen years ago (1994), the needs have been the same:

- Direct Service Providers fluent in American Sign Language
- Skilled interpreters
- Support groups
- Case management
- Accessibility at all levels of care for children and adults
- Education to the Deaf and Hard of Hearing communities regarding prevention, accessing services, and recovery...

....and the list goes on.

Consumers who are Deaf or Hard of Hearing in Kentucky still have

- NO hospital unit with staff knowledgeable about mental health needs of consumers who are Deaf or Hard of Hearing
- NO group home or independent living program providing full access to communication and community needs
- NO therapeutic foster homes with Deaf or Hard of Hearing role models to provide language access and modeling, and
- NO wraparound services fully accessible to individuals who are Deaf or Hard of Hearing.

Other states have achieved this and more. Please see the Appendix for a list of Linguistically Accessible and Culturally Affirmative programs and services in other states.

For seventeen years, individuals who are Deaf or Hard of Hearing have been requesting improved access to mental health, substance abuse, and developmental or intellectual disability-related services. However, these requests have been largely ignored and program development stagnant.

Rather than present another laundry list of unmet needs, analysis of the data and experience from the biennium lead us to three primary areas of focus to build proactive approaches and partnerships:

1. First, the Department for Behavioral Health, Developmental, and Intellectual Disabilities must focus on truly knowing about and improving the quality of services provided to those consumers being served within the Community Mental Health Centers and State Facilities.
2. Second, emphasis must be placed on developing partnerships with community agencies in order to create effective wraparound services so that providers are equipped to and accountable for providing linguistically accessible and culturally affirmative services equal to those individuals who are hearing receive.
3. Third, efforts to provide education, prevention, outreach, and early intervention in regards to behavioral health, substance abuse, and developmental or intellectual disabilities to individuals who are Deaf and their family members must be accelerated. A “cradle to grave” public health approach could further the development and implementation of effective community-based services.

The quality and effectiveness of services received by state hospital and other facility consumers with hearing loss remains largely unknown. Although data reporting has improved, discrete numbers are not always accurate and certainly do not tell the full story of barriers to access or

quality of services provided. For example, state hospitals and other facilities are not required to report admissions of individuals who are Deaf or Hard of Hearing to the Department. There is no count nor is there a systematic way of assessing and meeting communication needs. For hospitals trying to provide language access, there is no dedicated funding for them to do so. Nor is there an existing system to monitor the qualifications or effectiveness of clinical teams and their interpreters as they provide direct services.

Strides have been made with improving quality control within the Community Mental Health Centers, but work remains to be done. Direct services in the consumer's preferred language (usually American Sign Language) are still limited. Existing funds have been restricted such that hiring service providers like Independent Living Providers who sign and/or are Deaf is harder than hiring interpreters even though Best Practices dictate that direct services are more effective than those with an interpreter. Crossing catchment areas to provide services remains a challenge. Informal agreements exist, but formalized MOUs or other contracts between CMHC regions with and without specialists could be more effective. Due to the limited number of staff fluent in ASL, the need for Telehealth reimbursement through Medicaid remains a concern. This would help to reduce travel time and costs and expand services to un-reached areas.

Community-Based services are essential to our consumers' success. However, agencies are ill-equipped to know how to schedule, work with, and pay for interpreters to provide full language access. Supports for Community Living, Michelle P, and other waivers fail to include language access options as covered services. Few providers hire Deaf staff who could serve as language models, community coaches, or in other roles. Even consumers who have signing therapists struggle without full access to case management and other wraparound services.

Finally, efforts must continue towards prevention, education, and early intervention. Deaf or Hard of Hearing consumers often enter services when their cases are severe. Increasing awareness and decreasing stigma further the process of community education and engagement. A System of Care proactive in addressing the needs of consumers who are Deaf or Hard of Hearing cannot happen until the community is educated about issues and able to advocate for the design and implementation of effective programs, policies, and practices.

Mandate Four:

Identify a Plan to Address Unmet Service Needs

Priority #1: The Department for Behavioral Health, Developmental, and Intellectual Disabilities must focus on truly knowing about and improving the quality of services for Deaf or Hard of Hearing consumers being served within the Community Mental Health Centers and State Facilities.

Unmet Need: Since individuals who are Deaf or Hard of Hearing comprise a low incidence population in an already under-resourced system, they often fall through the cracks when entering the service delivery system. Intakes, pre-therapy, treatment, and discharge planning all must take into account an individual's linguistic and cultural needs to be effective. Attention must be paid in all levels of care so that Community Mental Health Centers and state facilities are proactive rather than reactive or corrective in addressing needs of the population.

Current Actions Not Highlighted Elsewhere:

1. Plan & Budget forms have been revised to include more required information in the Adult System of Care Application. Centers now are asked to report the agency or individuals utilized for interpreting, the specific training offered to service providers, and other accommodations provided to consumers with language access needs. This is a learning process for the regions and offers an opportunity for education and intervention.
2. Actively recruit and engage students interested in mental health and deafness by providing workshops, seeking internship opportunities, and developing classes at ECU and U of L. By increasing the number of providers who are Deaf or are fluent in ASL, Kentucky's service system will move closer to matching best practices where services are offered directly in consumers' best language.
3. Toolkits on specific needs were developed and disseminated. Topics included "Early Childhood Mental Health," "Mental Health Interpreting," and "Resources to Address Hearing Loss Across the Lifespan" for case managers.

Recommended Next Steps:

Program Administrator / Division:

1. Reach out specifically to state facilities and CMHC regions that have not yet hosted training for their staff related to Deaf and Hard of Hearing Services and have a high potential for serving more consumers with hearing loss.
2. Develop and share training modules and toolkits on "Addressing the Needs of Consumers who are Hard of Hearing" for providers statewide. Collaborate with the Hearing Loss Association of Kentucky on this project.

3. Network with regional and national leaders to develop, implement, and review an effective Consumer Satisfaction Survey process that takes into consideration the linguistic needs of Deaf or Hard of Hearing consumers.
4. Offer a rotating training schedule based on hospital regions.
5. Strengthen the network of providers offering direct services through mentoring, training, providers' symposia, support to attend national conferences, use of technology to connect, and other creative means.
6. Develop a core group of seasoned mental health interpreters with field experience and theoretical background from the Mental Health Interpreter Training in Alabama. Utilize them to facilitate mentoring groups and trainings in each of the four hospital regions.
7. Develop and disseminate a list of recommended mental health interpreters based on their experience and attendance at the Division's Continuing Education events.

Department / Commissioner's Office / Cabinet for Health and Family Services

1. Permit funding to focus on providing direct services through clinicians, case managers, and paraprofessionals who are fluent in ASL and knowledgeable about Deaf culture.
2. Require all facilities to have language access / interpreting costs as a line item in their annual budget.
3. Require all facilities to report to the Department when an individual who is Deaf or Hard of Hearing enters their care so that a Communication Assessment and Plan can be developed and implemented.
4. Advocate for Medicaid payment for Telehealth services by licensed clinicians. This would increase the availability of direct service providers knowledgeable about Deaf and Hard of Hearing services to reach rural areas.
5. Monitor the political climate and seek opportunities to include language access / interpreting in waivers and Medicaid service arrays.
6. Hire a statewide interpreter coordinator to contract, train, and monitor quality of interpreting and cost for CMHC regions and state facilities.
7. Provide funding to each facility to contract and develop working relationships with qualified interpreters so that they are utilized effectively and efficiently in treatment settings
8. Consider developing a Deaf unit in one state hospital and hiring Deaf staff members.
9. Utilize existing avenues such as Plan & Budget System of Care Application Forms and CMHC Contracts to require Children's Services, Developmental & Intellectual Disabilities, and Substance Abuse Divisions and the programs they monitor to develop and implement a plan to address Deaf and Hard of Hearing Services.
10. Maximize the opportunity of behavioral health, substance abuse, and developmental/intellectual disabilities services staff all working on the same floor to encourage proactive planning and increased inclusion of strategies to address unmet needs.

Advisory Committee:

1. Demonstrate a working knowledge of the role of the Division, Department, and Cabinet in providing services statewide.

2. Demonstrate an understanding of the services and supports offered by the Community Mental Health Centers.
3. Report on the experiences the individuals they represent on the Committee have with accessing CMHC resources and state facilities.
4. Report back to the agency or organization they represent regarding issues addressed in Advisory Committee meetings.
5. Offer constructive feedback on improvements that can be made in the admission, treatment, and discharge planning phases of treatment to make services more linguistically accessible and culturally affirmative.
6. Provide feedback to the Division on the Consumer Satisfaction Survey results.
7. Collaborate with the Program Administrator on projects related to the agencies or organizations they represent on the committee.

Priority #2: Emphasis must be placed on developing public and private partnerships in order to ensure effective community-based services that are linguistically accessible and culturally affirmative.

Unmet Need: Community-based services revolve around effective communication, yet few agencies are poised to financially or clinically address the wide range of language access needs that exists for this population. Individuals who are Deaf or Hard of Hearing with behavioral health, substance abuse, or developmental / intellectual disability-related service needs continue to face significant barriers accessing and fully benefitting from services.

Current Actions Not Highlighted Elsewhere:

1. Collaborating with the Project SAFE (Safety and Accessibility for Everyone), Mary Byron Project, KY Domestic Violence Association, and the KY Association of Sexual Assault Providers to address the lack of domestic violence-related services in KY.
2. Working with KY Registry of interpreters for the Deaf and ECU Center on Deafness and Hearing Loss to provide timely training for interpreters at the Fall and Spring KY RID conferences and throughout the year.
3. Collaborating with KY Hands & Voices, Kentucky School for the Deaf, and the KY Commission on the Deaf and Hard of Hearing to address the need for early intervention services as one means of prevention of future mental health needs.
4. The Program Administrator fields calls from agencies serving consumers who are Deaf or Hard of Hearing on a regular basis. She offers resources, technical assistance, and other supports as needed.

Next Steps:

Program Administrator / Division:

1. Continue using the KY CARE groups as a forum to learn about regional concerns as well as resources and potential partners. Reach out to providers trying to serve Deaf or Hard of Hearing consumers.

2. Continue working on the KCDHH Study Group shifting focus to equipping local and regional agencies to develop “Resource Experts” and/or “Systems Navigators” to assist both providers and consumers with finding effective solutions for access.
3. Collaborate with Child Advocacy Centers to address their stated need of information on how to conduct forensic interviews of Deaf children who have been allegedly abused and how to provide treatment to those who are victims.
4. Seek opportunities to network and work with providers across the state who have consumers who are Deaf or Hard of Hearing or who could develop additional Deaf and Hard of Hearing Services.
5. Continue to serve as a Commissioner for KCDHH and as a member of the KY Registry of Interpreters for the Deaf Advisory Committee. Continue to serve on the national board of ADARA; begin term as President-Elect in July 2011.

Department / Commissioner’s Office / Cabinet for Health and Family Services

1. Identify a liaison at the Department for Community Based Services to work with the Program Administrator for Deaf and Hard of Hearing Services. A more formalized partnership would allow for more proactive planning in addressing abuse and neglect issues with Deaf or Hard of Hearing children.
2. Provide linkages to staff at the Cabinet for Health and Family Services who work to address disparities in service provision and can work with the Program Administrator for DHHS on language access issues.
3. Assist with identifying and applying for state, federal, and/or private funding to address language access needs for community agencies such as day programs, therapeutic rehabilitation programs, and others who want to serve Deaf or Hard of Hearing individuals but find ADA accommodations cost-prohibitive.
4. Approve allocation of resources (when available) to support programs directly serving individuals who are Deaf or Hard of Hearing.

Advisory Committee:

1. Actively seek opportunities for collaboration between the Department and the agencies or entities that the members represent.
2. Utilize the Advisory Committee meetings to report barriers as well as strategies to reduce them.
3. Assist the Division in identifying potential funding opportunities such as grants that could further partnerships and help address priority areas.
4. Inform the Program Administrator of potential partners and project ideas as they arise.

Priority #3: Efforts to provide education, prevention, outreach, and early intervention in regards to behavioral health, substance abuse, and developmental or intellectual disabilities to individuals who are Deaf or Hard of Hearing and their family members must be accelerated.

Unmet Need: Until 2007, the Division of Behavioral Health largely focused on adults in Deaf and Hard of Hearing Services. However, a cradle to grave approach must be taken in education, outreach, and program development to truly have an effect. The Division and Department

should also monitor emerging trends such as the increase in veterans with PTSD and hearing loss as well as the changing language access needs of the aging population already in the service delivery system in order to provide effective and timely interventions.

Current Actions Not Highlighted Elsewhere:

1. The Program Administrator has been actively involved as a State Implementation Team member of the KY System to Enhance Early Development (KY SEED) initiative aimed at improving services for children aged birth to six. As a member of the Cultural and Linguistic Competency Committee and Continuous Quality Improvement teams, she has sought opportunities for collaboration.
2. The Program Administrator also serves on the Early Childhood Mental Health Advisory Committee for Bluegrass Mental Health / Mental Retardation Board as another opportunity for networking and collaboration.
3. Participation in numerous outreach activities with booths at events like DeaFestival, the Ending Domestic Violence and Sexual Assault Conference, and the Cincinnati Deaf Health Fair.
4. Collaboration continues with the KY School for the Deaf Outreach specialists to attend and present to the students, parents, educators, and interpreters at children's events such as Hands Alive, Extreme Experience, and the Family Learning Vacation.
5. The Program Administrator writes articles for newsletters such as the KSD Statewide Family Resource Center and KCDHH Communicator.
6. Continued collaboration with the Office for Vocational Rehabilitation Office of Deaf Services strengthens the Division's contact with adults who are Deaf or Hard of Hearing across the state.
7. Continued collaboration with Kentucky Association of the Deaf and Hearing Loss Association of America provides a variety of opportunities for mutual education and assistance.
8. The Mental Health and Aging coalition funded a Mini Grant for the development of a DVD about hearing loss in the later years and its effect on mental health. It is currently being disseminated in Northern KY.
9. The Program Administrator actively seeks opportunities to collaborate with all divisions within the Department, other state agencies, and outside entities to identify and address unmet needs.

Program Administrator / Division:

1. Continue collaborative relationships within the Department, with other state agencies, and with other agencies in the community seeking cradle to grave services that are linguistically accessible and culturally affirmative.
2. Partner with IMPACT and IMPACT Plus to identify needs within their provider network and to strengthen providers' ability to work with Deaf-member families.
3. Seek further opportunities to utilize technology for education, outreach, referral, and service delivery.

Department / Commissioner's Office / Cabinet for Health and Family Services

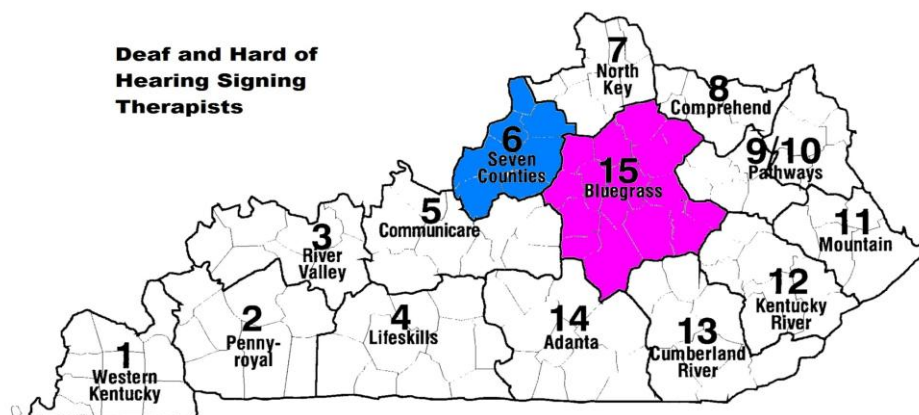
1. Allocate funding for at least one IMPACT worker who is Deaf or fluent in American Sign Language to work in the Bluegrass Mental Health / Mental Retardation Board region with consumers who are students at KY School for the Deaf.
2. Allocate or seek funding for at least one clinician to provide mobile school-based services to children in mainstream settings across the Commonwealth. This could be a collaborative effort with KY Department of Education.
3. Identify providers of higher levels of care to improve outcomes for Deaf or Hard of Hearing youth in crisis, those needing acute hospital treatment, and individuals who would benefit from Residential Treatment Centers and/or Therapeutic Foster Care.
4. Provide connections between the Division and DCBS staff to develop foster homes where the foster parents communicate fluently with Deaf or Hard of Hearing children.
5. Plan for all future Department and Cabinet level DVDs to be captioned.
6. Develop or revise Department policies to ensure that conferences and other events have a line item in the budget to as to include interpreting and/or CART costs so that providers and consumers who are Deaf or Hard of Hearing are included per the ADA.

Advisory Committee:

1. Participate in at least one awareness or advocacy event related to Mental Health, Developmental or Intellectual Disabilities or Substance Abuse in the local communities and/or at the state level representing the advisory committee per year.
2. Identify unmet needs relevant to the Department's work during and between Advisory Committee meetings.
3. Provide connections and offer collaboration in order to implement recommendations.

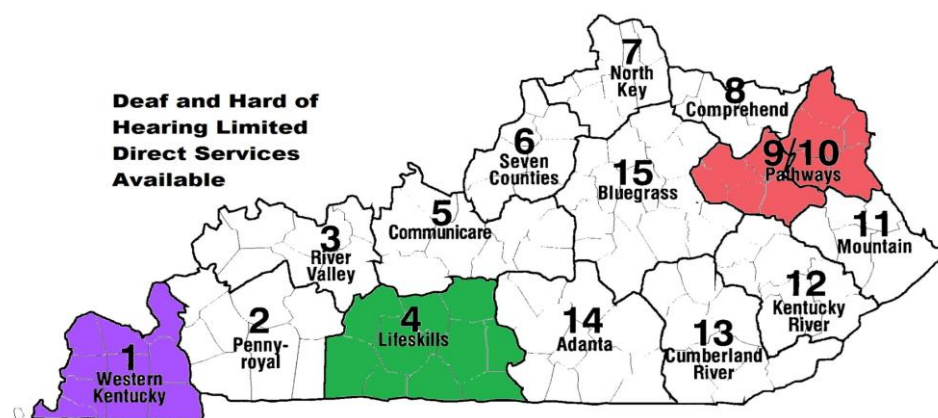
Appendix A: Visuals of CMHCs and Services Available

Direct Service Providers Fluent in ASL and Knowledgeable about Deaf Culture as well as the Biopsychosocial Needs of Hard of Hearing Consumers



During FY2010, Seven Counties added a Full Time Position. Funds were provided to supplement interpreting costs.

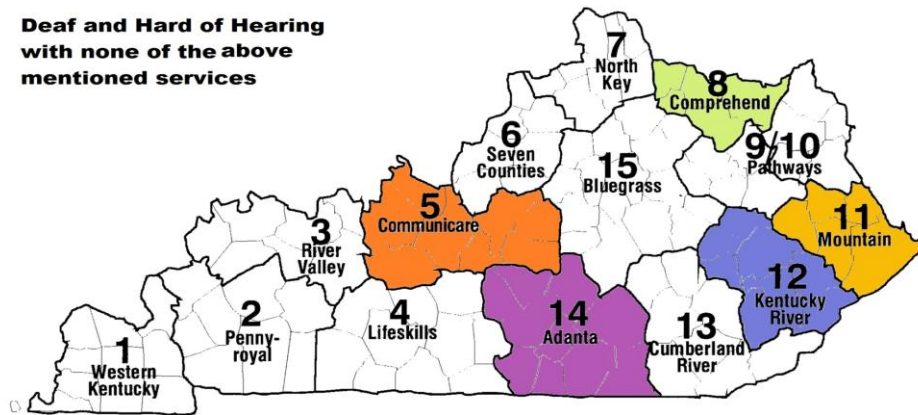
Partially Funded Positions or Programs



Region 1 (Four Rivers) added a Therapist 10 hours per week. Pathways has a contract for training and program development. Lifeskills recently added a PRN (as need) Therapist who signs on contract.

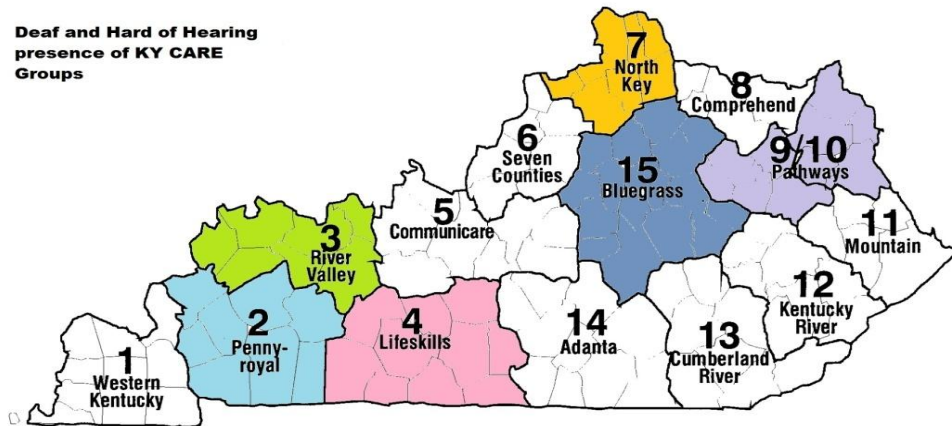
Areas in Need of Outreach and Development

**Deaf and Hard of Hearing
with none of the above
mentioned services**



Appendix B:

KY CARE: Connecting Advocates for the Recovery and Empowerment of Deaf and Hard of Hearing Kentuckians



Special Thanks to these members of the KY CARE groups for their contributions this biennium!

- Jill King, Mental Health America of Northern KY
- Teresa Moon Flaherty, Northern KY Services for the Deaf
- Betty Timon, Advocate and KCDHH Commissioner
- Libby Westerman, Office for Vocational Rehabilitation
- Christie Bailey, KSD Outreach Consultant
- Misty Walter, Pathways Liaison for DHHS
- Becky Cabe, OWL of Lexington
- Sherry West, Office for Vocational Rehabilitation
- Lindsey Goins, Office for Vocational Rehabilitation
- Dorothy Brame, Office for the Blind
- Jacqueline Peterson, Lifeskills PRN Therapist
- Andy Hensley, KSD Outreach Specialist
- Julia Neal, Regional Liaison for Developmental & Intellectual Disabilities
- Heidi Givens, Deaf Educator
- Artie Grassman, KSD Outreach Coordinator, Interpreter, Mentor
- Richie Noble, Deaf Pastor
- Beth Driver, Deaf community leader
- Nancy Perry, Deaf community leader

Appendix C:

Explanation of Acronyms Used in the Report

AA – Alcoholics Anonymous
AG Bell Association – Alexander Graham Bell Association
ADA – Americans with Disabilities Act
ADARA – national organization of professionals working with individuals who are Deaf or Hard of Hearing
ARH – Appalachian Regional Hospital
ASL – American Sign Language
CAC – Consumer Advocacy Committee OR Child Advocacy Center
CART – Computer Aided Real Time Captioning
CASA – Court Appointed Special Advocates
CEUs – Continuing Education Units
CHFS – Cabinet for Health and Family Services
CMHC – Community Mental Health Center
CSH – Central State Hospital
DCBS – Department for Community Based Services
DHHS – Deaf and Hard of Hearing Services
DJJ – Department for Juvenile Justice
DODA – Deaf Off Drugs and Alcohol
EKU – Eastern KY University
ESH – Eastern State Hospital
HLAA – Hearing Loss Association of America
HLAKY – Hearing Loss Association of Kentucky
ITP – Interpreter Training Program
KAD – Kentucky Association of the Deaf
KASAP – Kentucky Association of Sexual Assault Programs
KCDHH – Kentucky Commission on the Deaf and Hard of Hearing
KCPC – Kentucky Correctional Psychiatric Center
KDVA – Kentucky Domestic Violence Association
KSD – Kentucky School for the Deaf
KY CARE – Connecting Advocates for the Recovery and Empowerment of Individuals who are Deaf or Hard of Hearing
KY RID – KY Registry of Interpreters for the Deaf
KY SEED – System to Enhance Early Development
LMFT – Licensed Marriage and Family Therapist
OVR – Office of Vocational Rehabilitation
PRN – stands for “as needed”
Project SAFE – Safety and Accessibility for Everyone
PTSD – Post Traumatic Stress Disorder
RCD – Rehabilitation Counselor for the Deaf (Office of Vocational Rehabilitation)
SAMHSA – Substance Abuse and Mental Health Services Administration
SCL – Supports for Community Living
SED – Severe Emotional Disability
SIAC – State Interagency Council
SMI – Serious Mental Illness
V-Log – Video Logs
WSH – Western State Hospital

Appendix D:

Sample of Model State Programs For Deaf and Hard of Hearing Services

Alabama - <http://www.mh.alabama.gov/MIDS/>

Since a lawsuit prompted the establishment of services in 2003, Alabama has created the Bailey Deaf Unit in a state hospital, fostered Regional Coordinators to work with consumers and the Community Mental Health Centers, established a group home, and developed a nationally recognized training program, the Mental Health Interpreter Training (www.mhit.org).

North Carolina - www.ncdhhs.gov/mhddsas/deafservices/index.htm/

Since 1992, North Carolina has followed a state plan to implement comprehensive mental health services for individuals who are Deaf, Hard of Hearing, and Deaf-Blind. They have regionally based outpatient services with clinicians fluent in ASL and knowledgeable about the specialized needs of these consumers. The state also has a Deaf unit to address both psychiatric and substance abuse issues at one state hospital.

South Carolina - <http://www.deafmh.org/>

Established in 1989 and recognized as the national leader in state programs, South Carolina offers statewide community-based services, peer support specialists, telehealth, specialized psychiatrists, and a group home. They also have extensive training information and white papers available.

Minnesota –

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_139373#

Operating within the Minnesota Department of Human Services, mental health services are provided through contracts with community-based organizations to provide assessment and treatment from cradle to grave. A response team has been established to address the impact that statewide restructuring of the mental health system will have on Deaf or Hard of Hearing Minnesotans.

National Association of the Deaf –

<http://www.nad.org/issues/health-care/mental-health-services>

The National Association of the Deaf offers position statements on Culturally Affirmative and Linguistically Accessible Mental Health Services and Mental Health Services for Deaf children as well as a Model Mental Health Bill of Rights Act.